

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053776

1. Entity Name

H. GRAHAM HIGGINS SALES COMPANY

Principal Place of Business

2151 E. SEMORAN BLVD.
APOPKA FL 32703

Mailing Address

2151 E. SEMORAN BLVD.
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3192386

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, BRUCE H
2151 E. SEMORAN BLVD.
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
32703

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

W. Baumgardner, Jr.

(NOTE: Registered Agent signature required when reinstating)

4/30/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, H G	
STREET ADDRESS	5832 GUMWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, E A	
STREET ADDRESS	5832 GUMWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, MICHAEL	
STREET ADDRESS	813 SANDCASTLE CIRCLE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baumgardner, Jr, William L.	
STREET ADDRESS	2151 E. Semoran Blvd.	
CITY-ST-ZIP	Apopka, FL. 32703	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baumgardner, Anna K.	
STREET ADDRESS	2151 E. Semoran Blvd.	
CITY-ST-ZIP	Apopka, FL. 32703	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baumgardner, Brian J.	
STREET ADDRESS	2151 E. Semoran Blvd.	
CITY-ST-ZIP	Apopka, FL. 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Baumgardner, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001

Date

(407) 295-5009

Daytime Phone #

APPROVED
AND
FILED

01 MAY 24 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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